

employment injury; and (2) whether appellant has met her burden of proof to establish disability from work commencing October 9, 2024, causally related to the accepted employment injury.

FACTUAL HISTORY

On March 19, 2023, appellant, then a 46-year-old registered nurse, filed a traumatic injury claim (Form CA-1) alleging that, on February 27, 2023, she sustained injury to her right knee/right leg when she bent down to pick up items off the floor while in the performance of duty. On the Form CA-1, she also indicated that, on February 27 and 28, 2023, and March 3, 4, and 5, 2023, she dressed wounds, passed out medications, and responded to calls for assistance from patients.³ Appellant stopped work on March 9, 2023. OWCP converted the claim to an occupational disease claim and accepted it for right knee sprain and right knee internal derangement.⁴ It paid appellant wage-loss compensation for disability from work on the supplemental rolls, effective March 9, 2023.

On January 18, 2024, appellant underwent OWCP-authorized right knee surgery, including lateral meniscectomy and arthroscopy with loose body removal.

In a June 10, 2024, report, Dr. Charles W. Kennedy, Jr., a Board-certified orthopedic surgeon serving as an OWCP referral physician, advised that appellant could return to a modified-duty position with restrictions. In a June 10, 2024 work capacity evaluation (Form OWCP-5c), he noted that she could perform sedentary work for eight hours per day with partial restrictions on sitting, standing, walking, and pushing/pulling/lifting and total prohibitions on squatting, kneeling, and climbing.

On August 23, 2024, OWCP offered appellant a temporary, light-duty position as a registered nurse. She refused the job offer.⁵

On October 18, 2024, appellant filed a claim for compensation (Form CA-7) claiming disability from work for the period October 9 through 17, 2024. She later filed CA-7 forms for the disability from work commencing October 18, 2024

³ In an accompanying statement, appellant indicated that she had no problems with her right leg or right knee until she delivered medication multiple times to a patient at work on May 29, 2022. She also noted that on January 21, 2023 she hit her right leg against a bed when a patient attacked her. The case record contains evidence that in May 2015 appellant underwent a right knee replacement with titanium rod and screws, which was not authorized by OWCP.

⁴ A traumatic injury refers to injury caused by a specific event or incident or series of incidents occurring within a single workday or work shift whereas an occupational disease refers to an injury produced by employment over a period longer than a single workday or shift. 20 C.F.R. §§ 10.5(q), (ee); *R.V.*, Docket No. 18-1037 (issued March 26, 2019); *Brady L. Fowler*, 44 ECAB 343, 351 (1992).

⁵ By decision dated October 9, 2024, OWCP terminated appellant's wage-loss compensation, effective that date, because she refused a temporary light-duty assignment, pursuant to 20 C.F.R. § 10.500(a). By decision dated February 14, 2025 a representative of OWCP's Branch of Hearings and Review affirmed the October 9, 2024 OWCP decision.

Appellant subsequently submitted a November 1, 2024 Form OWCP-5c wherein Dr. Robert Hein, a Board-certified orthopedic surgeon, opined that she could perform sedentary work for eight hours per day but was prohibited from reaching, pushing, pulling, or lifting.

In a December 4, 2024 report, Dr. Hein discussed appellant's work activities, including the February 27, 2023 incident, and reported physical examination findings, including decreased range of motion (ROM) of the right knee due to pain and decreased strength of the right knee. He diagnosed right knee ligament sprain, right femur pain, right knee internal derangement, right hip osteoarthritis, right hip osteoarthritis, and pain from implanted hardware. Dr. Hein opined that, based on his review of the mechanism of injury, medical records, diagnostic imaging, and objective examination findings, there was a causal relationship between appellant's "injury and their resulting symptomatology which occurred during their normal/customary job duties while employed as a federal employee." He further opined that given the functional limitations noted in her history and the objective diagnostic/physical examination findings, she would be kept off work. In a December 4, 2024 Form OWCP-5c, Dr. Hein advised that appellant was totally disabled from work.

In a December 17, 2024 report, Dr. Aaron Eubanks, a Board-certified orthopedic surgeon, discussed appellant's work activities, including the February 27, 2023 bending incident, and reported physical examination findings, including pain to palpation and 4/5 strength of the right quadriceps. He diagnosed right knee ligament sprain, right femur pain, right knee internal derangement, right hip osteoarthritis, right hip osteoarthritis, and pain from implanted hardware. Dr. Eubanks opined that, based on his review of the mechanism of injury, medical records, diagnostic imaging, and objective examination findings, there was a causal relationship between appellant's "injury and their resulting symptomatology which occurred during their normal/customary job duties while employed as a federal employee." He further opined that given the functional limitations noted in her history and the objective diagnostic/physical examination findings, she would be kept off work.

OWCP subsequently interpreted Dr. Hein's December 4, 2024 report and Dr. Eubanks' December 17, 2025 report as a request that the acceptance of appellant's claim be expanded to include additional conditions, including right knee and right hip osteoarthritis, as causally related to, or consequential to, the accepted employment injury.

In a January 17, 2025 report, Dr. Hein provided the same diagnoses and opinion on work-related conditions/disability as his December 4, 2024 report. In a January 17, 2025 Form OWCP-5c, he advised that appellant was totally disabled from work.

OWCP subsequently received a February 21, 2025 report, wherein Dr. Hein provided the same diagnoses and opinion on work-related conditions/disability as his prior reports. In a February 21, 2025 Form OWCP-5c, Dr. Hein advised that appellant was totally disabled from work.

In a March 13, 2025 letter, OWCP informed appellant that additional evidence was needed to establish her claim for disability from work commencing October 9, 2024.

OWCP subsequently received a March 11, 2025 report, wherein Dr. Eubanks provided the same diagnoses and opinion on work-related conditions/disability as his December 17, 2024 report.

In a March 18, 2025 report, Dr. Hein reiterated his prior diagnoses and opinion on work-related conditions/disability. In a March 18, 2025 Form OWCP-5c, he advised that appellant was totally disabled from work.

In a March 25, 2025 report, Dr. Benjamin Kim, a Board-certified anesthesiologist, discussed appellant's work activities, including the February 27, 2023 bending incident, and reported physical examination findings, including visible swelling and atrophy of the right knee. He diagnosed right knee ligament sprain, right femur pain, right knee internal derangement, right hip osteoarthritis, and right hip osteoarthritis. In a March 25, 2025 Form OWCP-5c, Dr. Kim noted that appellant could perform sedentary work for eight hours per day.

In an April 7, 2025 report, Dr. Angel Salazar, a Board-certified family practice physician, indicated that appellant reported she continued to have severe dizziness and had fallen in the past. He advised that she needed to be off work for at least a month, so that she could be seen by a neurologist.

In a May 7, 2025 report, Dr. Ritesh Mehta, a Board-certified occupational medicine physician, reported physical examination findings and diagnosed disorder of right ankle joint ligament, and collateral ligament sprains of both knees. He stated that "the condition(s) and/or symptom(s) of the accident directly correlate and are consistent with [mechanism of injury]. Injury did occur while performing patient's current job description and duties." Dr. Mehta opined that the injury arose out of and during appellant's employment with the employing establishment and was casually connected to the "above-described accident." He found that the medical history he reviewed showed "no prior injuries and/or conditions prior to work-related injury." In a duty status report (Form CA-17) of even date, Dr. Mehta advised that appellant was totally disabled from work.

In a May 7, 2025 report, Edward Galvan, a nurse practitioner, diagnosed disorder of right ankle joint ligament, and collateral ligament sprains of both knees.

In May 7 and 22, 2025 notes, Dr. Michael Smith, a Board-certified occupational medicine physician, described office visits on those dates during which appellant reported her knee symptoms.

Dr. Hein, in a May 8, 2025 report, repeated his prior diagnoses and opinion on work-related conditions/disability as his prior reports. In a May 16, 2025 examination form, a person with an illegible signature recorded examination findings. In a May 20, 2025 report, Dr. Eubanks provided the same diagnoses and opinion on work-related conditions/disability as his prior reports.

In a June 5, 2025 report, Mr. Galvan diagnosed disorder of right ankle joint ligament, and collateral ligament sprains of both knees. In a note of even date, he described an office visit on that date during which appellant reported her right knee symptoms.

In June 5 and 26, 2025 CA-17 forms, Dr. Mehta advised that appellant was totally disabled from work.

In June 6 and 20, 2025 reports, Dr. Eubanks diagnosed right knee sprain, right knee internal derangement, and right knee traumatic arthropathy. He opined that the injury was causally related to the accepted employment injury.

In a July 15, 2025 development letter, OWCP informed appellant of the deficiencies of her expansion claim. It advised her of the type of evidence needed and afforded her 60 days to respond.

OWCP subsequently received June 26, July 16, and August 7 and 26, 2025 notes, wherein Dr. Smith described office visits on those dates. He related appellant's complaints of bilateral knee, right ankle, and bilateral hip symptoms.

In a July 16, 2025 Form CA-17, a person with an illegible signature advised that appellant was totally disabled from work.

In June 26, July 16, and August 7 and 26, 2025 reports, Dr. Smith diagnosed disorder of right ankle joint ligament, and collateral ligament sprains of both knees. He opined that "the condition(s) and/or symptom(s) of the accident directly correlate and are consistent with [mechanism of injury]. Injury did occur while performing patient's current job description and duties." Dr. Smith opined that the injury arose out of and during appellant's employment with the employing establishment and was casually connected to the "above-described accident." He noted that the medical history he reviewed showed "no prior injuries and/or conditions prior to work-related injury."

A July 2, 2025 report of left knee x-rays contained an impression of no acute fracture or dislocation.

In August 7 and 26, 2025 CA-17 forms, Dr. Mehta advised that appellant was totally disabled.

Dr. Eubanks, in a September 12, 2025 report, diagnosed left knee internal derangement, left knee contusion, and tear of medial meniscus of the left knee -- unspecified whether old or current tear. He noted that appellant reported a popping sensation in her right knee when stepping off a platform at work and opined that the injury was causally related to the accepted employment injury.

In a September 17, 2025 note, Dr. Mehta described an office visit on that date during which appellant reported her bilateral knee, right ankle, and left hip symptoms. In a Form CA-17 of even date, he advised that she was totally disabled. In a September 23, 2025 report, Dr. Payam Rafat, a podiatrist, diagnosed right ankle tenosynovitis, right foot strain, right foot pain, and ankle/tarsus enthesopathy. In a September 26, 2025 report, Dr. Eubanks diagnosed right knee sprain, right knee internal derangement, and right knee traumatic arthropathy. He opined that the injury was causally related to the accepted employment injury.

An October 1, 2025 magnetic resonance imaging (MRI) scan of the right knee contained an impression of non-displaced lateral tibial fracture, and linear hypointense lesion anterior to the lateral meniscus.

In an October 9, 2025 report, Dr. Mehta diagnosed right knee osteoarthritis due to and following trauma, and disorder of right ankle joint ligament. He opined that “the condition(s) and/or symptom(s) of the accident directly correlate and are consistent with [mechanism of injury]. Injury did occur while performing patient’s current job description and duties.” Dr. Mehta noted that the medical history he reviewed showed “no prior injuries and/or conditions prior to work-related injury.”

In an October 9, 2025 note, Dr. Mehta described an office visit on that date during which appellant reported her bilateral knee, right ankle, and bilateral hip symptoms. In a Form CA-17 of even date, he advised that appellant was totally disabled.

Appellant also submitted treatment reports, dated November 2004 through September 2025, by Richard Guzman and Bhavya Thakkar, physical therapists. OWCP also received rehabilitation reports with illegible signatures, dated May through October 2025.

By decision dated October 20, 2025, OWCP denied appellant’s expansion claim, finding that the medical evidence of record was insufficient to establish additional conditions as causally related to, or consequential to, the accepted employment injury.

By decision dated October 21, 2025, OWCP denied appellant’s disability claim, finding that the medical evidence of record was insufficient to establish disability from work commencing October 9, 2024, causally related to the accepted employment injury.

LEGAL PRECEDENT – ISSUE 1

When an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.⁶

The claimant bears the burden of proof to establish a claim for a consequential injury.⁷ As part of this burden, he or she must present rationalized medical opinion evidence, based on a complete factual and medical background, establishing causal relationship. The opinion must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship of the diagnosed condition and the specific employment factors or employment injury.⁸

⁶ *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *W.L.*, Docket No. 17-1965 (issued September 12, 2018); *V.B.*, Docket No. 12-0599 (issued October 2, 2012); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

⁷ *V.K.*, Docket No. 19-0422 (issued June 10, 2020); *A.H.*, Docket No. 18-1632 (issued June 1, 2020); *I.S.*, Docket No. 19-1461 (issued April 30, 2020).

⁸ *K.W.*, Docket No. 18-0991 (issued December 11, 2018).

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence.⁹ Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents, is sufficient to establish causal relationship.¹⁰

When an injury arises in the course of employment, every natural consequence that flows from that injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to the claimant's own intentional misconduct.¹¹ The basic rule is that a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.¹²

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional conditions as causally related to, or consequential to, the accepted employment injury.

In reports dated December 4, 2024, and January 17, February 21, March 18, and May 8, 2025, Dr. Hein discussed her work activities, including the February 27, 2023 bending incident, and diagnosed right knee ligament sprain, right femur pain, right knee internal derangement, right hip osteoarthritis, right hip osteoarthritis, and pain from implanted hardware. In these reports, he opined that, based on his review of the mechanism of injury, medical records, diagnostic imaging, and objective examination findings, there was a causal relationship between appellant's "injury and their resulting symptomatology which occurred during their normal/customary job duties while employed as a federal employee."

In reports dated December 17, 2024, and March 11 and May 20, 2025, Dr. Eubanks discussed appellant's work activities, including the February 27, 2023 bending incident, and diagnosed right knee ligament sprain, right femur pain, right knee internal derangement, right hip osteoarthritis, right hip osteoarthritis, and pain from implanted hardware. He opined that, based on his review of the mechanism of injury, medical records, diagnostic imaging, and objective examination findings, there was a causal relationship between her "injury and their resulting symptomatology which occurred during their normal/customary job duties while employed as a federal employee." In June 6 and 20, and September 26, 2025 reports, Dr. Eubanks diagnosed right knee sprain, right knee internal derangement, and right knee traumatic arthropathy. He opined that the injury was causally related to the accepted employment injury. In a September 12, 2025 report, Dr. Eubanks diagnosed left knee internal derangement, left knee contusion, and tear

⁹ *G.R.*, Docket No. 18-0735 (issued November 15, 2018).

¹⁰ *Id.*

¹¹ *I.S.*, Docket No. 19-1461 (issued April 30, 2020); *A.M.*, Docket No. 18-0685 (issued October 26, 2018); *Mary Poller*, 55 ECAB 483, 487 (2004).

¹² *J.M.*, Docket No. 19-1926 (issued March 19, 2021); *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n. 7 (2001).

of medial meniscus of the left knee -- unspecified whether old or current tear. He noted that appellant reported a popping sensation in her right knee when stepping off a platform at work and opined that the injury was causally related to the accepted employment injury. In a May 7, 2025 report, Dr. Mehta diagnosed disorder of right ankle joint ligament, and collateral ligament sprains of both knees. In an October 9, 2025 report, he diagnosed right knee osteoarthritis due to and following trauma, and disorder of right ankle joint ligament. In both reports, Dr. Mehta stated that “the condition(s) and/or symptom(s) of the accident directly correlate and are consistent with [mechanism of injury]. Injury did occur while performing patient’s current job description and duties.” He opined that the injury arose out of and during appellant’s employment with the employing establishment and was casually connected to the “above-described accident.” Dr. Mehta noted that the medical history he reviewed showed “no prior injuries and/or conditions prior to work-related injury.” In June 26, July 16, and August 7 and 26, 2025 reports, Dr. Smith diagnosed disorder of right ankle joint ligament, and collateral ligament sprains of both knees. He stated that “the condition(s) and/or symptom(s) of the accident directly correlate and are consistent with [mechanism of injury]. Injury did occur while performing patient’s current job description and duties.” Dr. Smith opined that the injury arose out of and during appellant’s employment with the employing establishment and was casually connected to the “above-described accident.” He noted that noted that the medical history he reviewed showed “no prior injuries and/or conditions prior to work-related injury.” However, while Drs. Hein, Eubanks, Mehta, and Smith provided an opinion on causal relationship, these reports do not contain sufficient medical rationale in support of their opinion. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition has an employment-related cause.¹³ Therefore, this evidence is insufficient to establish appellant’s expansion claim.

In a March 25, 2025 report, Dr. Kim discussed appellant’s work activities, including the February 27, 2023 bending incident, and diagnosed right knee ligament sprain, right femur pain, right knee internal derangement, right hip osteoarthritis, and right hip osteoarthritis. In an April 7, 2025 report, Dr. Salazar related appellant’s complaint of dizziness and noted that she had fallen in the past. In notes dated May 7 and 22, June 26, July 16, and August 7 and 26, 2025, Dr. Smith described office visits on those dates during which appellant reported her bilateral knee, right ankle, and bilateral hip symptoms. In notes dated September 17 and October 9, 2025, Dr. Mehta described office visits on those dates, during which appellant reported her bilateral knee, right ankle, and bilateral hip symptoms. In a September 23, 2025 report, Dr. Rafat diagnosed right ankle tenosynovitis, right foot strain, right foot pain, and ankle/tarsus enthesopathy. However, none of this evidence provides an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee’s condition or disability is of no probative value on the issue of causal relationship.¹⁴ Therefore, this evidence is insufficient to establish appellant’s expansion claim.

Appellant also submitted treatment reports by Mr. Guzman and Mr. Thakkar, physical therapists, and by Mr. Galvan, a nurse practitioner. However, certain healthcare providers such

¹³ See *T.T.*, Docket No. 18-1054 (issued April 8, 2020); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

¹⁴ See *F.S.*, Docket No. 23-0112 (issued April 26, 2023); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

as physician assistants, nurses, and physical and occupational therapists are not considered physicians as defined under FECA.¹⁵ Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.¹⁶ Therefore, this evidence is insufficient to establish appellant's expansion claim.

Appellant also submitted diagnostic studies. However, the Board has held that diagnostic studies, standing alone, lack probative value on causal relationship as they do not address whether employment factors caused the diagnosed condition.¹⁷

Appellant also submitted reports containing illegible signatures. The Board has held that unsigned reports and reports that bear illegible signatures lack proper identification and cannot be considered probative medical evidence as the author cannot be identified as a physician.¹⁸ Thus, this evidence is of no probative value and is insufficient to establish appellant's expansion claim.

As the medical evidence of record is insufficient to establish causal relationship between additional conditions and the accepted employment injury, the Board finds that appellant has not met her burden of proof.

LEGAL PRECEDENT – ISSUE 2

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.¹⁹

Under FECA the term “disability” means the incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury.²⁰ Disability is thus not synonymous with physical impairment, which may or may not result in an incapacity to earn

¹⁵ Section 8101(2) provides that physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law, 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical and occupational therapists are not competent to render a medical opinion under FECA); see also *B.D.*, Docket No. 25-0852 (issued December 1, 2025) (physical therapists are not considered physicians under FECA); *N.Y.*, Docket No. 25-0310 (issued March 20, 2025) (nurse practitioners are not considered physicians under FECA).

¹⁶ See *id.*

¹⁷ *C.S.*, Docket No. 19-1279 (issued December 30, 2019).

¹⁸ See *B.S.*, Docket No. 22-0918 (issued August 29, 2022); *S.D.*, Docket No. 21-0292 (issued June 29, 2021); *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

¹⁹ *S.W.*, Docket No. 18-1529 (issued April 19, 2019); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989).

²⁰ 20 C.F.R. § 10.5(f).

wages.²¹ An employee who has a physical impairment causally related to a federal employment injury, but who nevertheless has the capacity to earn the wages he or she was receiving at the time of injury, has no disability as that term is used in FECA.²² When, however, the medical evidence establishes that the residuals or sequelae of an employment injury are such that, from a medical standpoint, they prevent the employee from continuing in his or her employment, he or she is entitled to compensation for loss of wages.²³

The medical evidence required to establish causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the claimed disability and the accepted employment injury.²⁴

ANALYSIS -- ISSUE 2

The Board finds that appellant has not met her burden of proof to establish disability from work commencing October 9, 2024, causally related to the accepted employment conditions.

In a November 1, 2024 Form OWCP-5c, Dr. Hein noted that she could perform sedentary work for eight hours per day but was prohibited from reaching, pushing, pulling, or lifting. In reports dated December 4, 2024, and January 17, February 21, March 18, and May 8, 2025, he opined that given the functional limitations noted in appellant's history and her objective diagnostic/physical examination findings, she would be kept off work. In OWCP-5c forms dated December 4, 2024, and January 17, February 21, and March 18, 2025, Dr. Hein advised that she was totally disabled. In reports dated December 17, 2024, and March 11 and May 20, 2025, Dr. Eubanks opined that given the functional limitations noted in appellant's history and her objective diagnostic/physical examination findings, she would be kept off work. In a March 25, 2025 report, Dr. Kim advised that appellant could perform sedentary work for eight hours per day. In an April 7, 2025 report, Dr. Salazar advised that she needed to be off work for at least a month so that she could be seen by a neurologist. In CA-17 forms dated May 7, June 5 and 26, August 7 and 26, September 17, and October 9, 2025, Dr. Mehta advised that appellant was totally disabled. In notes dated May 7 and 22, June 26, July 16, and August 7 and 26, 2025, Dr. Smith described office visits on those dates during which appellant reported her bilateral knee, right ankle, and bilateral hip symptoms. In notes dated September 17 and October 9, 2025, Dr. Mehta described office visits on those dates during which appellant reported her bilateral knee, right ankle, and bilateral hip symptoms. However, none of these reports contain an opinion that appellant had disability from work on or after October 9, 2024, causally related to the accepted employment conditions. As noted above, medical evidence that does not offer an opinion regarding the cause

²¹ See *L.W.*, Docket No. 17-1685 (issued October 9, 2018).

²² See *K.H.*, Docket No. 19-1635 (issued March 5, 2020).

²³ See *D.R.*, Docket No. 18-0323 (issued October 2, 2018).

²⁴ *S.J.*, Docket No. 17-0828 (issued December 20, 2017); *Kathryn E. DeMarsh*, 56 ECAB 677 (2005).

of an employee's condition or disability is of no probative value on the issue of causal relationship.²⁵ Therefore, this evidence is insufficient to establish appellant's disability claim.

Appellant also submitted treatment reports by Mr. Guzman and Mr. Thakkar, physical therapists and Mr. Galvan, a nurse practitioner. As noted above, certain healthcare providers such as physician assistants, nurses, and physical and occupational therapists are not considered physicians as defined under FECA.²⁶ Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.²⁷ Therefore, this evidence is insufficient to establish appellant's disability claim.

Appellant also submitted several diagnostic studies. However, diagnostic studies, standing alone, lack probative value as they do not address whether an accepted employment condition caused the claimed disability.²⁸

OWCP also received reports containing illegible signatures. As noted above, unsigned reports and reports that bear illegible signatures lack proper identification and cannot be considered probative medical evidence as the author cannot be identified as a physician.²⁹ Thus, this evidence is of no probative value and is insufficient to establish appellant's disability claim.

As the medical evidence of record is insufficient to establish causal relationship between the claimed period of disability and the accepted employment injury, the Board finds that appellant has not met her burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional conditions as causally related to, or consequential to, the accepted employment injury. The Board further finds that appellant has not met her burden of proof to establish disability from work commencing October 9, 2024, causally related to the accepted employment injury.

²⁵ See *supra* note 14.

²⁶ See *supra* note 15.

²⁷ See *id.*

²⁸ See *A.V.*, Docket No. 19-1575 (issued June 11, 2020).

²⁹ See *supra* note 18.

ORDER

IT IS HEREBY ORDERED THAT the October 20 and 21, 2025 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: May 20, 2026
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board